SILVER SPRING HEALTH/REHABILITATION

1300 WEST SILVER SPRING DRIVE

MILWAUKEE	53209	Pho	ne: (414) 228-8120		Ownership:	Corporation
Operated from	1/1 To	12/31 D	ays of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction '	with Hosp	ital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up a	nd Staffe	d (12/31/03):	123	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capa	city (12/	31/03):	135	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on	12/31/03:		85	Average Daily Census:	104

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%	
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups 	ફ ફ		18.8 52.9	
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	22.4	More Than 4 Years	22.4	
Day Services	No	Mental Illness (Org./Psy)		65 - 74	14.1	•	0.4 1	
Respite Care Adult Day Care	Yes No	Mental Illness (Other) Alcohol & Other Drug Abuse		75 - 84 85 - 94	40.0 22.4	 *******************	94.1	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over	1.2	Full-Time Equivalent		
Congregate Meals N		Cancer	2.4	•		- Nursing Staff per 100 Residents) (12/31/03)		
Home Delivered Meals Other Meals	No No	Fractures Cardiovascular		 65 & Over				
Transportation	No	Cerebrovascular	18.8	· 		RNs	10.5	
Referral Service	Yes			Gender	용	,	15.5	
Other Services	Yes	Respiratory						
Provide Day Programming for		Other Medical Conditions		Male		Aides, & Orderlies	58.7	
Mentally Ill	No			Female	58.8			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0	I		
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Method of Reimbursement

	Medicare (Title 18)					Private Pay			Family Care			Managed Care								
Level of Care	No.	90	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	%	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Tota Resi dent	- Of
Int. Skilled Care	0	0.0	0	 3	3.9	123	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.5
Skilled Care	3	100.0	320	69	90.8	106	0	0.0	0	6	100.0	168	0	0.0	0	0	0.0	0	78	91.8
Intermediate				3	3.9	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.5
Limited Care				1	1.3	77	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.2
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		76	100.0		0	0.0		6	100.0		0	0.0		0	0.0		8.5	100.0

Admissions, Discharges, and	- 1	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03									
Deaths During Reporting Period											
	- 1				% Needing		Total				
Percent Admissions from:	- 1	Activities of	용	As	sistance of	% Totally	Number of				
Private Home/No Home Health	3.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
Private Home/With Home Health	1.5	Bathing	11.8		64.7	23.5	85				
Other Nursing Homes	3.1	Dressing	11.8		64.7	23.5	85				
Acute Care Hospitals	89.2	Transferring	9.4		64.7	25.9	85				
Psych. HospMR/DD Facilities	0.0		20.0		56.5	23.5	85				
Rehabilitation Hospitals	0.0	Eating	45.9		43.5	10.6	85				
Other Locations	2.3	*****	******	*****	*****	******	*****				
Total Number of Admissions	260	Continence		용	Special Treatment	ts	용				
Percent Discharges To:		Indwelling Or Exter	nal Catheter	10.6	Receiving Resp	iratory Care	0.0				
Private Home/No Home Health	9.4	Occ/Freq. Incontine	nt of Bladder	70.6	Receiving Track	heostomy Care	0.0				
Private Home/With Home Health	6.6	Occ/Freq. Incontine	nt of Bowel	61.2	Receiving Suct:	ioning	0.0				
Other Nursing Homes	2.1				Receiving Ostor	my Care	2.4				
Acute Care Hospitals	67.4	Mobility			Receiving Tube	Feeding	10.6				
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.0	Receiving Mecha	anically Altered Diets	51.8				
Rehabilitation Hospitals	0.0										
Other Locations	7.6	Skin Care			Other Resident Ch	haracteristics					
Deaths	6.9	With Pressure Sores		16.5	Have Advance D	irectives	100.0				
Total Number of Discharges		With Rashes		2.4	Medications						
(Including Deaths)	288				Receiving Psych	hoactive Drugs	55.3				

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		Own	Ownership: Proprietary Peer Group % Ratio		Size:	Lic	ensure:		
	This	Pro			-199	Ski	lled	Al	1
	Facility	Peer			Group	Peer	Group	Faci	lities
	%	%			% Ratio		Ratio	용	Ratio
Occupant Policy Policy Policy Control Policy	70.7	04.7	0.04	07.0	0.00	06.6	0.00	07.4	0. 01
Occupancy Rate: Average Daily Census/Licensed Beds	79.7	84.7	0.94	87.0	0.92	86.6	0.92	87.4	0.91
Current Residents from In-County	85.9	81.8	1.05	86.4	0.99	84.5	1.02	76.7	1.12
Admissions from In-County, Still Residing	6.9	17.7	0.39	18.9	0.37	20.3	0.34	19.6	0.35
Admissions/Average Daily Census	250.0	178.7	1.40	166.7	1.50	157.3	1.59	141.3	1.77
Discharges/Average Daily Census	276.9	180.9	1.53	170.6	1.62	159.9	1.73	142.5	1.94
Discharges To Private Residence/Average Daily Census	44.2	74.3	0.60	69.1	0.64	60.3	0.73	61.6	0.72
Residents Receiving Skilled Care	95.3	93.6	1.02	94.6	1.01	93.5	1.02	88.1	1.08
Residents Aged 65 and Older	77.6	84.8	0.92	91.3	0.85	90.8	0.85	87.8	0.88
Title 19 (Medicaid) Funded Residents	89.4	64.1	1.39	58.7	1.52	58.2	1.54	65.9	1.36
Private Pay Funded Residents	7.1	13.4	0.53	22.4	0.31	23.4	0.30	21.0	0.34
Developmentally Disabled Residents	2.4	1.1	2.19	1.0	2.31	0.8	2.78	6.5	0.36
Mentally Ill Residents	28.2	32.2	0.88	34.3	0.82	33.5	0.84	33.6	0.84
General Medical Service Residents	22.4	20.8	1.07	21.0	1.07	21.4	1.05	20.6	1.09
Impaired ADL (Mean)	51.3	51.8	0.99	53.1	0.97	51.8	0.99	49.4	1.04
Psychological Problems	55.3	59.4	0.93	60.0	0.92	60.6	0.91	57.4	0.96
Nursing Care Required (Mean)	10.4	7.4	1.41	7.2	1.45	7.3	1.44	7.3	1.43